

INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2007

SPEECH OF

HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 26, 2006

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 5020) to authorize appropriations for fiscal year 2007 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes:

Mr. SHERMAN. Mr. Chairman, I joined yesterday with the distinguished Ranking Member of the Intelligence Committee, Congresswoman JANE HARMAN, in voting against H.R. 5020, the Intelligence Authorization bill, to protest the Bush Administration's insistence on wiretapping Americans without adhering to the requirements of the Foreign Intelligence Surveillance Act and other statutory provisions on wiretapping.

DARFUR PEACE AND ACCOUNTABILITY ACT OF 2006

SPEECH OF

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 5, 2006

Mr. NADLER. Mr. Speaker, I rise today in support of this important legislation, H.R. 3127, strengthening sanctions on individuals and governments seen as responsible for the atrocities in the Darfur region of Sudan, and authorizing additional funds for peacekeeping and humanitarian efforts in the region.

After more than 3 years of conflict, between 300,000 and 400,000 innocent and impoverished civilians have died from government-sponsored violence, disease and starvation because of war, and more than 2 million people have fled their homes to internal camps and neighboring Chad.

Despite international condemnation of the Sudanese government, genocide and ethnic cleansing continue unabated.

What is keeping the United States and the international community from intervening meaningfully to stop this humanitarian crisis? What is keeping President Bush from acting with moral clarity and compassion?

While this Congress continues to slowly legislate on the Darfur genocide, the threat of sanctions has done little to end the atrocities. This dire crisis requires a much more robust response.

Our commitment to end the Darfur genocide must be judged by only one test: What are we doing that serves to end the killings and the suffering?

The aim should be to end the genocide, disarm the Arab militias, guarantee humanitarian assistance, protect civilians, secure the refugee camps, and provide safety to families returning to their villages.

Military experts have estimated that these tasks will require 40,000 to 50,000 well-trained and equipped troops. We also have new and

innovative technologies that could protect civilians. If we are serious about dealing with this most pressing human rights catastrophe, then we must pressure the Bush Administration and the international community to do all that is needed to stop the genocide in Darfur.

I call for less political maneuvering, and more real action.

Over three years have passed. Out of an estimated pre-conflict population of 7 million in Darfur, somewhere between 300,000 and 400,000 innocent civilians have died.

What are we waiting for? For the Sudanese government and the Arab militias to finish what they have started?

I support this bill, yet I urge my colleagues to support an international peacekeeping mission authorized to use force to protect civilians and disarm the Janjaweed—one with an adequate mandate, and well-trained and equipped soldiers.

SLEEP APNEA TEST ADVISED

HON. EDOLPHUS TOWNS

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2006

Mr. TOWNS. Mr. Speaker, based on my concern regarding the severe impact of obstructive sleep apnea on young children and the need for baseline testing between ages three and four, I want to call my colleagues attention to an April 18, 2006 article in MedPage Today "Sleep Apnea Test Advised for Down's Children" and ask that it be printed in the CONGRESSIONAL RECORD.

(By Judith Groch)

SLEEP APNEA TESTS ADVISED FOR DOWN'S CHILDREN

CINCINNATI, April 18—Because of high rates of obstructive sleep apnea in young children with Down's syndrome, researchers here have recommend baseline testing between ages three and four.

Overnight polysomnograms performed on 56 children, ages 3.5 to four, found that 57% of the children had abnormal results and evidence of obstructive sleep apnea syndrome, according to a study in the April issue of the Archives of Otolaryngology-Head and Neck Surgery.

When the researchers included an elevated arousal index, which is associated with increased difficulty breathing, the abnormal percentage rose to 80%, said Sally Shott, M.D., of the University of Cincinnati here, and colleagues.

Because of a lack of expertise in evaluating sleep disturbances, the parents are often oblivious to the problem. Sixty-nine percent of parents who filled out a questionnaire about their child's sleep patterns reported no problems, whereas 54% of the children had abnormal polysomnograms, Dr. Shott said. Parents and children came from a tertiary-care pediatric referral center.

The polysomnograms were classified as abnormal if the obstructive apnea index was greater than 1, if the carbon dioxide level was greater than 45 mm Hg for more than two-thirds of the study or greater than 50 mm Hg for more than 10% of the study. Also included was unexpected hypoxemia (oxygen saturation less than 92% during sleep or repeated intermittent desaturations less than 90%), the researchers said.

For purpose of analysis, the results were categorized in three groups, the researchers said. Group 1 (n=21) consisted of abnormal

results because of an elevated obstructive sleep apnea index. These children also had hypercarbia, hypoxemia, or any combination, with or without hypoventilation and an elevated arousal index, according to the researchers.

In this category, they said, hypercarbia and hypoxemia, in addition to an abnormal obstructive apnea index, led to a statistically high obstructive apnea index compared with the index for children who did not have these add-on's (17.15, ± 4.63 vs. 2.9 ± 1.86 , respectively; $P=.02$).

In group 2 (n=11), results were reported as abnormal because of hypoventilation with hypercarbia and/or hypoxemia, with or without an elevated arousal index. The apnea obstructive index was in the normal range. However, results from other studies show an increased risk of hypertension and abnormal cardiac rates as well as sleep fragmentation with prolonged hypercarbia, the researchers commented.

The third group (n= 24) included children with normal polysomnograms, but further inspection found that 13 of these children had an arousal index greater than 10 (mean index 15.6).

Commenting on the significance of the arousal response, Dr. Shott said that ordinarily an arousal is a protective reflex that helps curtail the upper airway obstruction and reestablish a patent airway.

However, there is concern that an excessive number of arousals may lead to fragmented sleep and sleep deprivation. The increased arousal rate in Down's children may affect daytime function, ability to learn, and resultant behavior, often misattributed to a child's limited intellectual abilities, she said.

The parental questionnaire cast doubt on the parents' ability to assess their child's sleep problems. In general, these parents underestimate the severity of their child's sleep disturbances, Dr. Shott said. Thirty-five parents completed a questionnaire at the study's outset asking whether their child snored, stopped breathing while sleeping, and if there were snorts and gasps for air during sleep.

Overall, 11 (31%) parents reported that their child had sleep problems, but these parents were correct about a sleep abnormality in only four cases. The other seven children, believed by parents to have abnormalities, had normal polysomnograms. Of the 24 parents who reported no sleep problems, 13 children (54%) had abnormal tests, the researchers reported.

In a further analysis, for children in Groups 1 and 2 with major sleep disorders, 13 parents (77%) said their child had no sleep problems, and in group 3, in which the children were normal, seven (39%) said their child had sleep problems.

"Our results point to the need for objective testing for obstructive sleep disorders in children as young as three or four years," Dr. Shott said. Because there is a high incidence of sleep disorders in Down's syndrome children, "baseline studies, using full overnight polysomnograms, are recommended even if parents report no sleep problems in their child," she said.

TRIBUTE TO PETER LUTHER

HON. MICHAEL M. HONDA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2006

Mr. HONDA. Mr. Speaker, I rise today to recognize and pay tribute to Peter Luther, one